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Washington, D.C. 20231

1c930 U.S. PTO

09/602369



08/24/01

DATE:

08/27/01

TO:

OIPE

FROM:

Office of Initial Patent Examination  
Unit 7 (RAM Team)

SUBJECT:

Insufficient Funds

Deposit account number

021 818

On 08/27/01 there were insufficient funds available to charge the attached fee.

If you have any question, please contact Cynthia Streater (OIPE/JCWS RAM- Team)  
at 703-306-5430.

Terminal Operator:

Ahmed

# Deposit Account Maintenance

Deposit Account Window Help



## Deposit Account

Print Screen

Number: 021818

Balance Amount: 1.00

## Holder

Name: BELL BOYD & LLOYD



## Address

Attention:

GAIL ABDERSON - DIR. OF FINANCE

Street:

70 WEST MADISON

SUITE 3300

Province:

City:

CHICAGO

State:

IL

Postal Code: 60602

Country:

US

Telephone:

312-558-5015

Fax:

## Details

Category Code:

NONGOVNMNT

Type:

REGULAR

Notification Amt:

0.00

Status

Access Code:

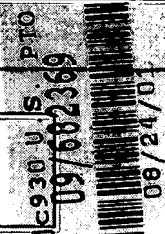
0879

☒ Active

☐ Closed

MAHMED1

08/27/2001



SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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EXAMINER

ART. UNIT PAPER NUMBER

DATE MAILED:

## NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

Total Filing Fees Due	= \$	<u>1554</u>
Less Filing Fees Submitted	= \$	<u>( 710 )</u>
BALANCE DUE	= \$	<u>844</u>

☐ B. Fees due in connection with the amendment filed on \_\_\_\_\_

Total Fees Due	= \$	_____
Less Fees Submitted	= \$	<u>( )</u>
BALANCE DUE	= \$	_____

ATTACHMENT: FORM PTO-875

Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ \_\_\_\_\_ Signature \_\_\_\_\_

## CERTIFICATE OF MAILING

and hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20531, or (else) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_